

EXHIBIT A

9 PAGES

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
INMATE APPEALS BRANCH  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**DIRECTOR'S LEVEL APPEAL DECISION**

Date: OCT 13 2006

In re: Castle, C-82790  
Kern Valley State Prison  
P.O. Box 6000  
Delano, CA 93216

IAB Case No.: 0600737

Local Log No.: CAL 06-00830

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Pimentel, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** It is the appellant's position that he suffers from an old spinal cord injury and he needs Vicodin for the pain. The appellant contends that he was refused the Vicodin by the Registered Nurse. The appellant requests that his medications for pain be restored.

**II SECOND LEVEL'S DECISION:** The reviewer noted that Vicodin is not approved in pill form for use in the general inmate population. The reviewer noted that the appellant was evaluated by the Nurse Practitioner and was provided chronos for lower bunk/tier, use of a cane, orthopedic shoes, waist restraints and no prolonged walking, bending, and no lifting. The appellant was referred for a neurology and orthopedic consultation. The appellant was prescribed Baclofen for his pain in lieu of the Vicodin. The Second Level of Review (SLR) partially granted the appellant's appeal in that he has been prescribed adequate pain medication.

**III DIRECTOR'S LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** The documentation and arguments are persuasive that the appellant has failed to support his appeal issues with sufficient evidence or facts to warrant a modification of the SLR. The reviewer found that medical staff determined that the appellant did not require Vicodin to treat his medical condition and that the appellant was prescribed Baclofen for his pain. The institution articulated the treatment plan that the appellant is being provided. The Director's Level of Review (DLR) finds that the appellant's medical concerns are being adequately addressed by the institution. California Code of Regulations, Title 15, Section (CCR) 3354 establishes that only qualified medical staff shall be permitted to diagnose illness and prescribe medication and medical treatment for inmates. It is not appropriate for the appellant to self-diagnose his own medical problems and then expect a medical doctor to implement the appellant's recommendation for a course of medical treatment. The appellant's requests for medication were appropriately reviewed by licensed physicians. The appellant may not choose the specific pain medication that he is prescribed. Therefore no relief is provided at the DLR.

The appellant filed the appeal as an ADA issue. Following careful examination, there is no evidence to support that the issue and its resolution fall within the ARP or CCR 3085. As such, it has been processed in accordance with CCR 3084 et sequitur.


**B. BASIS FOR THE DECISION:**

CCR: 3000, 3001, 3350, 3350.1, 3350.2, 3354

**C. ORDER:** No changes or modifications are required by the institution.

CASTLE, C-82790  
CASE NO. 0600737  
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief  
Inmate Appeals Branch

cc: Warden, KVSP  
Appeals Coordinator, KVSP  
Appeals Coordinator, CAL  
Medical Appeals Analyst, CAL

NIA

TO: 06-830

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE  
APPEAL FORM

Location: Institution/Parole Region

Log No:

Category: 18

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME CASTLE	NUMBER C-8-2790	ASSIGNMENT	UNIT/ROOM NUMBER INFIRMARY 13
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## A-Describe Problem:

If you need more space, attach one additional sheet.

## B. Action Requested:

Inmate/Parolee Signature:

Date Submitted:

C- INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response:

Staff Signature:

Date Returned to Inmate:

## D- FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature:

Date Submitted:

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

APPEALS COORDINATOR
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First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Dissatisfied: Appellant is very aware that Vicodin is not allowed in CDC prison yard in a solid form. The issue is this, I was denied the pain medication completely by RAMIREZ R.N. and on 4/14/06 I was denied the pain medication completely by A. LOPEZ N.P. Both the R.N. RAMIREZ and N.P. LOPEZ could have crushed the Vicodin and observed me taking the medication in front of them, I (see supplemental page)

Signature: Casta Date Submitted: 5/30/06Second-Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: JUN 08 2006 Due Date: 6/21/06☒ See Attached Letter.Signature: [Signature] A. LOPEZ, RN, FNP Date Completed: 6/27/06Warden/Superintendent Signature: [Signature] M. LEVIN, MD, CMO/HCM Date Returned to Inmate: 7/5/06

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Dissatisfied: IN A. LOPEZ NURSE PRACTITIONER STATED IN HIS SECOND LEVEL OF RESPONSE, I SEE NO REASON WHY I WOULD HAVE TO BE PLACED IN THE WARDENRY TO RECEIVE MY MEDICATION, AND I SEE NO REASON WHY I'M NOT RECEIVING MY PRESCRIBED MEDICATION... THE APPELLANT IS CURRENTLY IN THE OUTPATIENT HOUSING UNIT (NOT SPECIFICALLY FOR PAIN MANAGEMENT) AND HAS BEEN PRESCRIBED PAIN MEDICATION AS DEEMED MEDICALLY NECESSARY. ON APRIL 7, 2006 UPON MY ARRIVAL AT CSP-CALIFORNIA I WAS DENIED THE VICODIN PAIN MEDICATION BY RAMIREZ REGISTER NURSE IN THE CRUSHED OR PILL FORM. ON APRIL 14, 2006 I WAS SEEN BY (see supplemental page)

Signature: Casta Date Submitted: 7/14/06

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached LetterDate: OCT 13 2006

State of California

Department of Corrections and Rehabilitation



# Memorandum

**Date** : June 29, 2006

**To** : Inmate S. CASTLE, C82790  
INF - 013

**Subject** : **SECOND LEVEL APPEAL RESPONSE**  
**LOG NO: CAL-C-06-00830**

**ISSUE:** The appellant is submitting this appeal relative to Medications. It is the appellant's position that upon arrival at Calipatria State Prison he was denied medication (Vicodin) by both M. RAMIREZ, and A. LOPEZ, RN, FNP.

The appellant requests that he be provided medication because he is in pain.

**INTERVIEWED BY:** J. FLORES, RN, on April 26, 2006.

**REGULATIONS:** The rules governing this issue are:


California Code of Regulations, Title 15, Article (CCR) 3350. **Provision of Medical Care and Definitions**

**DISCUSSION:** In consideration of this appeal, a review of the appeal and its attachments was conducted. The CCR and all applicable laws and procedures were also considered along with the contents of the appellant's Unit Health Record (UHR) and a personal interview.

The appellant was advised in the First Formal Level Response that he had been evaluated and that an alternate medication had been prescribed. Since that response was written, the appellant has resubmitted the Reasonable Modification or Accommodation Request stating that "...I see no reason why I would have to be placed in the infirmary to receive my medication, and I see no reason why Im (Sic) not receiving my prescribed medication..." The appellant is currently in the Outpatient Housing Unit (not specifically for pain management) and has been prescribed pain medication as deemed medically necessary.

**DECISION:** The appeal is **Partially Granted** at the Second Formal Level in that the appeal has been reviewed at the Second Formal Level, and the appellant has been evaluated and pain medications have been prescribed as deemed medically necessary.

The appellant is advised that his issue may be submitted for a Director's Level Review within 15 days of receipt of this response if desired.

  
A. LOPEZ, RN, FNP  
Nurse Practitioner  
Calipatria State Prison

Reviewed by:

  
M. LEVIN, MD  
Chief Medical Officer  
Calipatria State Prison

A. LOPEZ NURSE PRACTITIONER WHO ALSO DENIED ME THE VICODIN PAIN MEDICATION IN A CRUSHED FORM OR PILL FORM THAT WAS PRESCRIBED TO ME BY MEDICAL DOCTORS AT CSP- CONCORAN. MRS A CARRILLO WAS VERY COLLECT WHEN SHE INFORMED APPELLANT ON APRIL 6, 2006 THE ONLY WAY I WOULD RECEIVE THE VICODIN PAIN MEDICATION I WOULD HAVE TO BE HOUSED IN THE INFIRMARY. ON MAY 3, 2006 APPELLANT WAS ADMITTED IN THE OUTPATIENT HOUSING UNIT/INFIRMARY THATS WHEN THEY PRESCRIBED THE VICODIN PAIN MEDICATION TO APPELLANT. BEFORE THEN I WAS DENIED THE VICODIN PAIN MEDICATION FOR 27 DAYS, DURING THESE 27 DAYS APPELLANT SUFFERED SERIOUS CHRONIC LOWER BACK PAIN FROM A SPINAL CORD INJURY THAT AFFECTED MY DAILY ACTIVITIES, I EVEN HAD PROBLEMS WITH SLEEPING, I WAS IN SO MUCH PAIN.

THE ALTERNATE MEDICATION BACLOFEN THAT WAS ~~RENEWED~~ <sup>UPDATED</sup> AT CSP- CALIPATRIA ON APRIL 14, 2006 BY A. LOPEZ NURSE PRACTITIONER WAS ALREADY PRESCRIBED TO APPELLANT AT CSP- CONCORAN MEDICAL DOCTORS FOR MUSCLE SPASMS BEFORE I EVEN ARRIVED AT CSP- CALIPATRIA, THE SAME AS THE VICODIN MEDICATION BY MEDICAL DOCTOR FOR CHRONIC PAIN AT CSP- ~~CALIPATRIA~~ <sup>CONCORAN</sup> WAS PRESCRIBED TO APPELLANT BEFORE I EVEN ARRIVED AT CSP- CALIPATRIA.

SO THE BACLOFEN MEDICATION A. LOPEZ NURSE PRACTITIONER UPDATED WAS NOT AN ALTERNATE OR SUBSTITUTE MEDICATION, THE BACLOFEN MEDICATION IS THE SAME PRESCRIPTION THAT WAS PRESCRIBED TO APPELLANT AT CSP- CONCORAN.



REASONABLE MODIFICATION OR ACCOMMODATION REQUEST  
CDC 1824 (1/95)Inmate: **CASTLE, S**  
CDC # **C-82790**  
Appeal # **CAL-C-06-00830**

Attachment

## REVIEWER'S ACTION

## TYPE OF ADA ISSUE

- ☒ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)
- ☐ Auxiliary Aid or Device Requested
- ☒ Other: PAIN MEDICATION

☐ PHYSICAL ACCESS (Requiring structural modification)

**DISCUSSION OF FINDINGS:** The appellant was interviewed at +/- 1000 hours on April 26, 2006, by J. FLORES, RN. The appellant is requesting pain medication for an old spinal cord injury. He states that he arrived at Calipatria State Prison on April 7, 2006. He states that he was evaluated by the R&R Nurse and he advised her that he was taking Vicodin. However, he was denied the medication. When he discussed the issue with S. CERRILLO, MTA, he was advised that he could not be prescribed Vicodin and still be housed on the yard. The appellant is requesting that he be prescribed Vicodin for use on the yard.

4/26/2006

DATE INMATE/PAROLEE WAS INTERVIEWED

J. FLORES, RN

PERSON WHO CONDUCTED INTERVIEW

## DISPOSITION

☐ GRANTED ☐ DENIED ☒ PARTIALLY GRANTED

**BASIS OF DECISION:** You were evaluated / interviewed on 4/26/06 by Mr. A. LOPEZ, NP. At that time you were provided Chronos for a lower bunk/tier, use of a cane, orthopedic shoes, waist restraints, and no prolonged walking, bending, and no lifting. These Chronos must be approved by the Chrono Committee. You will be advised of their decision when you receive your (Gold) copy of the chrono. Mr. LOPEZ also referred you for a Neurology, and an Orthopedic consultation. You were given a prescription for medication and advised to return to the clinic in one month. Please be advised that Vicodin is a medication that is not allowed on the Yard at Calipatria State Prison in its solid form. You can receive crushed Vicodin on the yard at the Clinic. In the Outpatient Housing Unit it is available in pill form. Mr. LOPEZ has substituted Baclofen for the pain medication that you were receiving at your former Institution and this may actually work better for you.

The Request is **PARTIALLY GRANTED** in that the appellant has been evaluated, the appropriate pain medications, and chronos have been prescribed.

DISPOSITION RENDERED BY: (Name) <i>J. Flores, RN</i> <b>J. FLORES, RN</b>	TITLE: <b>Staff RN</b>	INSTITUTION FACILITY: <b>CAL</b>
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## APPROVAL

ASSOCIATE WARDEN'S SIGNATURE: <i>M. Levin, MD</i> <b>M. LEVIN, MD, CMO/HCM</b>	DATE SIGNED: <b>5/25/06</b>
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requested the medication and was denied. On April 8, 2006 at approximately 3:00 pm the on duty MTA CERRILLO came to my cell and I also informed her that I am suffering from chronic pain and taking Vioxx medication and I requested that she go check my medical file and once she has verified that I'm on the chronic pain medication that she provide me with the medication.

MTA CERRILLO stated that if I give you this medication I would have to be housed in the infirmary. At CSP CONCORDAN the MTA would bring my medication to me daily without me being in the infirmary. I see no reason why I would have to be placed in the infirmary to receive my medication, and I see no reason why I'm not receiving my prescribed medication, it was made clear by MTA CERRILLO that the medication is available.

Castle C-82790

RECEIVED CAL APPEALS JUN 11 2006  
 STATE OF CALIFORNIA  
 REASONABLE MODIFICATION OR  
 ACCOMMODATION REQUEST  
 CDC 1824 (1/95)

DEPARTMENT OF CORRECTIONS

INSTITUTION/PAROLEE REGION <b>CAE</b>	LOG NUMBER <b>C 08 00830</b>	CATEGORY <b>18. ADA</b>
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NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) <b>CASTLE, Sylee</b>	CDC NUMBER <b>C-82790</b>	ASSIGNMENT	HOURS/WATCH	HOUSING <b>C-3-149</b>
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In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

### MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

**SPINAL CORD INJURY PERMANENTLY MOBILITY IMPAIRED (LOWER EXTREMITIES)**

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

**DISABILITY PLACEMENT PROGRAM VERIFICATION**

RECEIVED  
JUL 28 2006  
INMATE APPEALS  
BRANCH

DESCRIBE THE PROBLEM:

ON MARCH 23, 2006 AT CALIFORNIA STATE PRISON - COLCOAN INMATE CASTLE WAS PRESCRIBED VIKINTIN PAIN MEDICATION FROM MARCH 23, 2006 TO MAY 23, 2006 PER MEDICAL DOCTOR DO TO CHRONIC PAIN FROM A SEVERE SPINAL CORD INJURY. APRIL 7, 2006 AT APPROXIMATELY 2:00 PM I ARRIVED AT CSP - CALIPATIA, AND AT APPROXIMATELY 3:30 PM I WAS SEEN BY THE ON DUTY B.N. AT RECEIVING RELEASE AND WAS ASKED WHAT TYPE OF MEDICATION WAS PRESCRIBED AND CURRENTLY TAKEN, I INFORMED THE B.N. THAT IM TAKING VIKINTIN AND I (SEE SUPPLEMENTAL PAGE)

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

**I request my medication because im in pain:**

**Castle**  
INMATE/PAROLEE'S SIGNATURE

**APRIL 8, 2006**  
DATE SIGNED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST  
CDC 1824, (1/95)

## REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: APR 11 2006

DATE DUE: 5/2/06

## TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)☐ Auxiliary Aid or Device Requested☒ Other PAIN MEDICATION☐ PHYSICAL ACCESS (requiring structural modification)

## DISCUSSION OF FINDINGS:

**PLEASE SEE ATTACHED RESPONSE**4/26/06  
DATE INMATE/PAROLEE WAS INTERVIEWEDJ. FLORES, RN  
PERSON WHO CONDUCTED INTERVIEW

## DISPOSITION



GRANTED



DENIED



PARTIALLY GRANTED

## BASIS OF DECISION:

**PLEASE SEE ATTACHED RESPONSE**

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

TITLE

INSTITUTION/FACILITY

J. FLORES, RN

STAFF RN

CAR

## APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

M. COVIN, MD, CMO/HEM

5/2/06

DATE RETURNED TO INMATE/PAROLEE

MAY 30 2006

RECEIVED CAL APPEALS JUN 07 2006

WAS DENIED THE PAIN MEDICATION COMPLETELY. MR. CORCORAN N.B. DID NOT  
 SUBSTITUTED THE BACLOFEN MEDICATION FOR THE PAIN MEDICATION, BECAUSE I  
 WAS ALREADY PRESCRIBED THE BACLOFEN MEDICATION AT CSP - CONCORDIA FOR  
 MUSCLE SPASMS BEFORE I EVEN ARRIVED AT CSP - CALIPATRIA, THE SAME AS  
 I WAS PRESCRIBED THE VICODIN MEDICATION AT CSP - CONCORDIA FOR CHRONIC  
 PAIN. BUT ONCE I ARRIVED AT CSP - CALIPATRIA I WAS DENIED THE VICODIN  
 PAIN MEDICATION COMPLETELY EVEN IN THE CRUSHED FORM, AND THE BACLOFEN  
 HAS NEVER RELEASED THE CHRONIC PAIN, ON MAY 3, 2006 <sup>IS THE FIRST</sup> ~~AND THAT~~ ~~THE FIRST~~  
<sup>TIME I WAS</sup> ~~ISSUED~~ ~~THE~~ ~~PAIN~~ ~~MEDICATION~~ AND THIS IS WHY I'M RECEIVING  
 THE VICODIN MEDICATION TODAY MAY 30, 2006 DO TO CHRONIC PAIN. AND THERE  
 IS NO JUSTIFIABLE REASON WHY I SHOULD HAVE BEEN DENIED THE PAIN  
 MEDICATION IN CRUSHED FORM, AND THERE IS NO JUSTIFIABLE  
 REASON WHY I HAD TO SUFFER CHRONIC PAIN FOR 27 DAYS  
 WHEN THE PAIN MEDICATION WAS AVAILABLE AND COULD HAVE  
 BEEN PRESCRIBED AND ISSUED TO ME IN CRUSHED FORM.

Case C-82790

JS44

(Rev. 07/89)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. It is to be filed with the complaint or other pleading in the case. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating a civil case. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

## I (a) PLAINTIFFS

Sy Lee Castle

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Kern  
(EXCEPT IN U.S. PLAINTIFF CASES)

2254 1983

FILING FEE PAID

Yes ☒ No ☒

IF MOTION FILED

Yes ☒ No ☒

COPIES SENT TO

Court ☒ Judge ☒

Ramirez, et al. **FILED**  
FEB 21 2008  
CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
DEPUTY

## (c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Sy Lee Castle  
PO Box 5102  
Delano, CA 93216  
C-82790

## ATTORNEYS (IF KNOWN)

'08 CV 0347 DMS POR

## II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |   | PT                         | DEF                        |   | PT                         | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

## V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395H) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(p)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Electmant <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights			

## VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

## VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE

Docket Number

DATE 2/21/2008

SIGNATURE OF ATTORNEY OF RECORD

R. Miller